OFFICE USE ONLY LT

MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C010795

STATEMENT DATE 6/5/09	TYPE OF STATEMENT (CHECK ONE) ☐ NEW ☑ AMENDED	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 3,8,11,18

3. FULL NAME OF COMMITTEE Jason Brown for Senate

4. COMMITTEE MAILING ADDRESS
ADDRESS:
CITY / STATE / ZIP :

5. TELEPHONE NUMBER

6. TREASURER'S NAME

7. TREASURER'S MAILING ADDRESS
ADDRESS:
CITY / STATE / ZIP :

8. TELEPHONE NUMBER
HOME: 816-891-8627
WORK: N/A

9. DEPUTY TREASURER'S NAME ☐ CHECK IF NO DEPUTY TREASURER

10. DEPUTY TREASURER'S ADDRESS
ADDRESS:
CITY / STATE / ZIP :

11. TELEPHONE NUMBER
HOME: 816-584-0627
WORK: N/A

12. OTHER COMMITTEE OFFICERS (IF ANY)

A. NAME	B. ADDRESS	C. TITLE

13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? ☐ YES ☐ NO ☐ N/A

14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)

A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION	B. ACCOUNT NAME	C. ACCOUNT NO.

15. TYPE OF COMMITTEE
☐ CANDIDATE ☐ POLITICAL PARTY ☐ CONTINUING ☐ CAMPAIGN ☐ EXPLORATORY ☐ DEBT SERVICE

16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)

A. NAME	B. ADDRESS	C. TELEPHONE NO.	D. POLITICAL PARTY

17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)

A. NAME	B. ADDRESS

18. CANDIDATES SUPPORTED OR OPPOSED

A. NAME(S) OF CANDIDATE(S)	B. ELECTION DATE	C. OFFICE SOUGHT	D. POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT	F. OPPOSE
Jason Brown	primary 2010	Senate	34th Senatorial District	☑	☐

19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED

A. NAME(S) OF MEASURE(S)	B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT	F. OPPOSE
			☐	☐

20. COMMITTEE TREASURER'S SIGNATURE

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

Rachelle Brown, Dept. Treas.

TREASURER'S SIGNATURE

21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

CANDIDATE'S SIGNATURE